



ANIMAL
CARE
FACILITY



SPAY
SHUTTLE
Adoption Module

**Chula Vista Animal Care Facility Spay Shuttle
Spay/Neuter Surgery Consent/Notice and Release from Liability**

OWNER INFORMATION

NAME _____

ADDRESS _____

HOME PHONE _____

CELL PHONE _____

PET INFORMATION

☐ DOG

☐ MALE

☐ CAT

☐ FEMALE

PET'S NAME _____

AGE _____

BREED _____ COLOR _____

STAFF USE ONLY:

WEIGHT _____

MEDICAL CONDITIONS _____

MEDICATIONS _____

TIME OF LAST MEAL _____

I understand that by signing this form I am authorizing the CVACF Spay Shuttle to perform the surgical sterilization of my animal. The spay/neuter surgery is performed under accepted standards of practice in the veterinary profession. However, I understand that, as with any medical procedure, complications or unexpected difficulties may arise during or after the surgery. I understand that these complications may include excessive bleeding, infection, and in some cases, death. I also understand that animals with certain pre-existing conditions may involve a greater surgical risk to the animal. I further understand that I am not entitled to any refund of any City of Chula Vista fees.

I understand that if the veterinarian assigned to perform this surgery feels it is not in the best interest of the animal to spay/neuter it at this time, the animal will not be altered. In this event, the City of Chula Vista will notify me to redeem the animal and I will pick it up by end of business that day.

The CVACF Spay Shuttle will notify me of a time to pick up my pet. I agree to pick up my pet at the time stated. If I am unable to pick up my pet at the time stated, I will make arrangements for someone else to pick up my pet. I also understand that I am responsible for any additional expenses incurred by CVACF Spay Shuttle to care for my pet if not picked up before the close of the clinic. (initials)

The CVACF Spay Shuttle will provide post surgical aftercare instructions for my pet. I understand I am responsible for reading and understanding these instructions and for providing any post surgical aftercare. (initials). I understand that females will receive a small tattoo to indicate spayed status and dogs over 4 months of age will receive a rabies vaccine. (initials). I also understand that if my female pet is found to be pregnant, the babies will not survive the surgery. (initials). I agree to waive and release the City of Chula Vista and its officers, agents, employees and volunteers from and against any and all claims, cost liabilities, expenses, or judgments, including attorney's fees and court costs arising from the surgical sterilization of my animal, and hereby agree to fully indemnify and hold harmless the City of Chula Vista from and against any and all such claims. I understand that this waiver will be used against me and anyone else claiming damages in any legal action arising from the surgical sterilization of my animal. I also understand that no employee or agent is authorized to modify this waiver. **I have personally read and understand this document.**

Signature of Owner _____ **Date** _____

Witnessed by _____ **Date** _____